

**Student Travel Award Program**

**AY 2024-2025 Application Form**

**Save this file as a Word or PDF named *LastName\_FirstName* and email it as an attachment to:** [**studenttravelcoast@share.calstate.edu**](mailto:studenttravelcoast@share.calstate.edu)**.**

**COAST is accepting applications for both remote and in-person conferences.** A complete Student Travel Award application includes

1. This application form;
2. Signature of endorsement from your faculty mentor on the last page of the application;
3. Departmental Commitment Form.

Your application will not be considered for funding until all items are received.

See the Award Announcement for more details: <https://www.calstate.edu/impact-of-the-csu/research/coast/funding/Pages/Student-Travel.aspx>

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| --- | --- | --- | --- |
| **Student Applicant Information** | | | |
| First Name: |  | Email: |  |
| Last Name: |  | Student ID#: |  |
|  | | Phone: |  |
| CSU Campus: |  | Degree Sought (BS, MS or Ph.D.): |  |
| Department or Degree Program: |  | Anticipated graduation date (mm/yyyy): |  |
| Have you previously received a COAST Travel Award (Y/N)? | | |  |

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| **Faculty Mentor Information** | | | |
| First Name: |  | Position/Title: |  |
| Last Name: |  | Email: |  |
| CSU Campus: |  | Department: |  |
| Phone: |  |  | |

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| **Funding Request** | |
| Amount of funding requested (maximum limit: $1,000 for travel within the continental US, up to $1,500 for travel outside the continental US $500 for remote conference registration fees). If the meeting is remote, please provide the remote meeting registration fee: |  |

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| **Budget** |
| Provide a line-by-line budget for your trip including estimated costs for all transportation, lodging, meals, conference registration fees and incidentals, and all secured and pending support (source and amount). If the meeting is remote, please indicate that below, and note that a detailed budget is not necessary. |
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| **Conference Details** | |
| Name of conference: |  |
| Dates held: |  |
| Location (or Remote): |  |
| Session or symposium title (if applicable): |  |
| Presentation format: |  |
| Title of presentation: |  |
| Authors, with institutional affiliations (include yourself): |  |
| Date abstract submitted: |  |
| Date abstract accepted (please enter “N/A” if abstract has not yet been accepted): |  |
| Copy of abstract: |  |
| Evidence of abstract acceptance or submission (paste the electronic communication from the conference organizers regarding your abstract submission or acceptance): |  |



**COAST Student Travel Award Program**

CSU Faculty Mentor Endorsement

​Your CSU faculty mentor must sign ​this page confirming that 1) your faculty mentor supports your planned conference presentation and your application to COAST for funding and 2) you will be an enrolled CSU student or continuing CSU student during the conference. Your application will not be considered unless this page of the Application Form is signed by your CSU faculty mentor. ​

​​​​​​Faculty mentors may support more than one student. However, COAST reserves the right to limit the amount of funding provided to students mentored by an individual faculty member for an individual conference.​​

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| **Applicant Name:** | | | | | | | | |
|  |  | | | | | | | |
|  | | | | | | | | |
| **CSU Faculty Mentor:** | | | |  | | | | |
| Name: | | |  | Phone: |  | | | |
| Department: | | |  | Email: |  | | | |
| *I have reviewed my student’s application in detail. My signature below indicates that 1) I endorse this application, 2) I confirm that the student will be an enrolled CSU student or continuing CSU student during the conference and 3) this application meets the criteria of the Student Travel Award Program.* | | | | | | | | |
| CSU Faculty Mentor | |  | | | |  | Date: |  |
|  | | | | | | | | |

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